

***The Wyoming Colorectal Cancer Screening Program reimburses only the following CPT codes based on the most current Wyoming Medicaid rates  
Updated January 2021***

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<b>CPT CODE</b>	<b>Service Description</b>	<b>Max. Allowable Reimbursement</b>
99070	<b>Supplies and materials</b> -over and above those usually included with the office visit (list drugs, trays, supplies, or materials provided)	\$10.00
99201	<b>Office visit</b> -New patient- Problem focused	\$39.44
99202	<b>Office visit</b> -New patient- Expanded problem focused	\$68.19
99203	<b>Office visit</b> -New patient- Detailed	\$94.08
99204	<b>Office visit</b> -New patient Op Visit for Evaluation & Management	\$150.75
99205	<b>Office visit</b> -New patient Op Visit for Evaluation & Management	\$190.19
99211	<b>Office visit</b> -New patient- Problem focused	\$19.16
99212	<b>Office visit</b> -Established patient- Problem focused	\$39.44
99213	<b>Office visit</b> -Established patient- Expanded problem focused	\$65.97
99214	<b>Office visit</b> -Established patient-Op Visit for Evaluation & Management	\$93.62
99215	<b>Office visit</b> -Established patient-Op Visit for Evaluation & Management	\$133.43
99241	<b>Office visit</b> -Established patient-Problem focused	\$49.76
99242	<b>Office visit</b> -New or Established patient-Expanded problem focused	\$93.62
99243	<b>Office visit</b> -New or Established patient-Low complexity	\$127.90
99244	<b>Office visit</b> -New or Established patient-Moderate complexity	\$189.46
99245	<b>Office visit</b> -New or Established patient-High complexity	\$231.48
99395	<b>Periodic Preventive Medicine Evaluation</b> 30-39 years	\$98.04
44389	<b>*Colonoscopy</b> -Fiber optic colonoscopy through colostomy; with biopsy and/or collection of specimen by brushing or washing. <i>Procedure by Physician</i>	\$380.39
<b>44389</b>	<b>*Colonoscopy</b> -Fiber optic colonoscopy through colostomy; with biopsy and/or collection of specimen by brushing or washing <b>Facility Setting - Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</b>	
44392	<b>*Colonoscopy</b> - Fiber optic colonoscopy through colostomy; with removal of polypoid lesion(s). <i>Procedure by Physician</i>	\$414.30
<b>44392</b>	<b>*Colonoscopy</b> - Fiber optic colonoscopy through colostomy; with removal of polypoid lesion(s) <b>Facility Setting - Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</b>	
45378	<b>*Colonoscopy</b> -Colonoscopy, fiber optic, beyond splenic flexure; Diagnostic, with or without colon decompression. <i>Procedure by Physician</i>	\$377.44
<b>45378</b>	<b>*Colonoscopy</b> -Colonoscopy, fiber optic, beyond splenic flexure; Diagnostic, with or without colon decompression. <b>Facility Setting - Hospital (13) \$432.92; Critical Access (85) \$1036.81; Ambulatory Surgical Center (83) \$381.03.</b>	

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45380	<b>*Colonoscopy</b> -Flexible, proximal to splenic flexure; with biopsy, single or multiple. <i>Procedure by Physician</i>	\$455.58
<b>45380</b>	<b>*Colonoscopy</b> -Flexible, proximal to splenic flexure; with biopsy, single or multiple. <b>Facility Setting – Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</b>	
45381	<b>*Colonoscopy</b> -With directed submucosal injection(s) any substance. <i>Procedure by Physician</i>	\$443.05
<b>45381</b>	<b>*Colonoscopy</b> -With directed submucosal injection(s) any substance. <b>Facility Setting – Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</b>	
45382	<b>*Colonoscopy</b> -Flexible, proximal to splenic flexure; with control of bleeding (EG, injection, bipolar cautery, unipolar cautery, laser, stapler, plasma coagulator). <i>Procedure by Physician</i>	\$596.39
<b>45382</b>	<b>*Colonoscopy</b> -Flexible, proximal to splenic flexure; with control of bleeding (EG, injection, bipolar cautery, unipolar cautery, laser, stapler, plasma coagulator). <b>Facility Setting – Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</b>	
45384	<b>*Colonoscopy</b> -Flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery. <i>Procedure by Physician</i>	\$446.37
<b>45384</b>	<b>*Colonoscopy</b> -Flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery. <b>Facility Setting – Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</b>	
45385	<b>*Colonoscopy</b> - Flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique. <i>Procedure by Physician</i>	\$513.82
<b>45385</b>	<b>*Colonoscopy</b> - Flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique. <b>Facility Setting – Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</b>	
45386	<b>*Colonoscopy</b> - Removal of Tumor(s) with dilation by balloon, 1 or more strictures. <i>Procedure by Physician</i>	\$624.40
<b>45386</b>	<b>*Colonoscopy</b> - Removal of Tumor(s) with dilation by balloon, 1 or more strictures. <b>Facility Setting – Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</b>	
45388	<b>*Colonoscopy</b> - Removal of Tumor(s) with dilation by balloon, 1 or more strictures. <i>Procedure by Physician</i>	\$542.57
<b>45388</b>	<b>*Colonoscopy</b> - Removal of Tumor(s) with dilation by balloon, 1 or more strictures. <b>Facility Setting – Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</b>	
45390	<b>*Colonoscopy w/Resection</b> – Flexible w/Endoscopic Mucosal	\$316.99

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	Resection. <i>Procedure by Physician</i>	
<b>45390</b>	<b>*Colonoscopy w/Resection</b> – Flexible w/Endoscopic Mucosal Resection. <b>Facility Setting – Hospital (13) \$1328.58; Critical Access (85) \$3181.75; Ambulatory Surgical Center (83) \$1169.29.</b>	
G0105	<b>*Colonoscopy</b> – Colonoscopy of Individual of high risk. <i>Procedure by Physician</i>	\$377.44
<b>G0105</b>	<b>*Colonoscopy</b> – Colonoscopy of Individual of high risk. <b>Facility Setting – Hospital (13) \$432.94; Critical Access (85) \$1036.81; Ambulatory Surgical Center (83) \$381.03.</b>	
G0121	<b>*Colonoscopy</b> - Individual not meeting for high risk. <i>Procedure by Physician</i>	\$377.44
<b>G0121</b>	<b>*Colonoscopy</b> - Individual not meeting for high risk. <b>Facility Setting – Hospital (13) \$432.94; Critical Access (85) \$1036.81; Ambulatory Surgical Center (83) \$381.03.</b>	
46600	<b>*Colonoscopy</b> -Diagnostic Anoscopy SPX. <i>Procedure by Physician</i>	\$72.24
<b>46600</b>	<b>*Colonoscopy</b> -Diagnostic Anoscopy SPX. <b>Facility Setting – Hospital (13) \$61.79; Critical Access (85) \$147.99; Ambulatory Surgical Center (83) \$54.38.</b>	
A4550	<b>Surgical Tray</b> -(includes suture), purchase only	\$29.25
88305	<b>Pathology</b> -Level IV-Surgical Pathology, gross and microscopic examination. <i>Procedure by Physician</i>	\$65.61
<b>88305</b>	<b>Pathology</b> -Level IV-Surgical Pathology, gross and microscopic examination. <b>Facility Setting – Hospital (13) \$28.04; Critical Access (85) \$67.14; Ambulatory Surgical Center (83) \$24.26.</b>	
88312	<b>Pathology</b> -Special Stains-Group I for micro-organisms(EG, gridley, acid fast, methenaine silver), including interpretation and report, each. <i>Procedure by Physician</i>	\$87.35
	<b>Pathology</b> -Special Stains-Group I for microorganisms (EG, gridley, acid fast, methenaine silver), including interpretation and report, each. <b>Facility Setting – Hospital (13) \$28.04; Critical Access (85) \$67.14; Ambulatory Surgical Center (83) \$24.26.</b>	
88313	<b>Pathology</b> -Special Stains- Group II, all other (EG iron, trichrome), except immunocytochemistry and immunoperoxidas stains, including interpretation and report each. <i>Procedure by Physician</i>	\$61.18
<b>88313</b>	<b>Pathology</b> -Special Stains- Group II, all other (EG iron, trichrome), except immunocytochemistry and immunoperoxidas stains, including interpretation and report each. <b>Facility Setting – Hospital (13) \$18.95; Critical Access (85) \$45.38; Ambulatory Surgical Center (83) \$16.68.</b>	
88342	<b>Pathology</b> -Immunocytochemistry (including tissue	\$104.68

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	immunoperoxidase), each antibody. <i>Procedure by Physician</i>	
<b>88342</b>	<b>Pathology</b> -Immunocytochemistry (including tissue immunoperoxidase), each antibody. <b>Facility Setting – Hospital (13) \$81.33; Critical Access (85) \$194.77; Ambulatory Surgical Center (83) \$71.58.</b>	
00811	<b>Anesthesia</b> -For procedure on large bowel using an endoscope	\$26.50xea+\$106.00
00812	<b>Anesthesia</b> -Intestinal endoscopic procedures	\$26.50xea+\$79.50
93000	<b>Electrocardiogram</b> -Routine ECG, at least 12 leads, interpretation and report	\$19.53
93005	<b>Electrocardiogram</b> -with interpretation and report; tracing only, without interpretation and report. <i>Procedure by Physician</i>	\$10.32
<b>93005</b>	<b>Electrocardiogram</b> -with interpretation and report; tracing only, without interpretation and report. <b>Facility Setting – Hospital (13) \$31.18; Critical Access (85) \$74.67; Ambulatory Surgical Center (83) \$27.44.</b>	
93010	<b>Electrocardiogram</b> -with interpretation and report; interpretation and report only	\$9.21
36415	<b>Lab</b> -Collection of venous blood by venipuncture	\$2.58
80048	<b>Lab</b> -Basic Metabolic Panel (calcium, total) this panel must include the following: calcium(82310), carbon dioxide(82374), chloride(82435), creatinine(82565), glucose(82947), potassium(84132), sodium(84295), urea nitrogen (BUN)(84520) do not use 80048 in addition to 80053	\$9.43
80053	<b>Lab</b> -Comprehensive Metabolic Panel	\$12.96
85014	<b>Lab</b> -Blood smear exam-Hematocrit (HCT)	\$2.34
85018	<b>Lab</b> -Blood smear exam-Hemoglobin (HGB)	\$1.95
85025	<b>Lab</b> -Blood smear exam complete (CBS), automated (HGB, HCT, RBC, WBC and Platelet count) and automated differential WBC count	\$9.60
85610	<b>Lab</b> -Prothrombin time (PT)	\$3.90
85730	<b>Lab</b> -Thromboplastin time, Partial (PTT); plasma or whole blood	\$7.35
	<b>The following are alternative reimbursement codes that will only be reimbursed on a case-by-case basis upon review by WCCSP staff</b>	
45330	<b>Sigmoidoscopy</b> -with or without collection of specimen reimbursement allowed only if colonoscopy is incomplete. <i>Procedure by Physician</i>	<b>\$129.74</b>
<b>45330</b>	<b>Sigmoidoscopy</b> -with or without collection of specimen reimbursement allowed only if colonoscopy is incomplete. <b>Facility Setting – Hospital (13) \$432.94; Critical Access (85) \$1036.81; Ambulatory Surgical Center (83) \$381.03.</b>	
45331	<b>Sigmoidoscopy</b> -with biopsy and/or collection of specimen reimbursement allowed only if colonoscopy is incomplete.	<b>\$163.28</b>

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	<i>Procedure by Physician</i>	
<b>45331</b>	<b>Sigmoidoscopy</b> -with biopsy and/or collection of specimen reimbursement allowed only if colonoscopy is incomplete. <i>Facility Setting – Hospital (13) \$432.94; Critical Access (85) \$1036.81; Ambulatory Surgical Center (83) \$381.03.</i>	
45333	<b>Sigmoidoscopy</b> -with removal of polypoid lesion(s) reimbursement allowed only if colonoscopy is incomplete. <i>Procedure by Physician</i>	\$274.23
<b>45333</b>	<b>Sigmoidoscopy</b> -with removal of polypoid lesion(s) reimbursement allowed only if colonoscopy is incomplete. <i>Facility Setting – Hospital (13) \$432.94; Critical Access (85) \$1036.81; Ambulatory Surgical Center (83) \$381.03.</i>	
45338	<b>Sigmoidoscopy</b> -with removal of tumor(s), polyp(s) or other lesion(s) by snare technique reimbursement allowed only if colonoscopy is incomplete. <i>Procedure by Physician</i>	\$304.46
<b>45338</b>	<b>Sigmoidoscopy</b> -with removal of polypoid lesion(s) reimbursement allowed only if colonoscopy is incomplete. . <i>Facility Setting – Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</i>	
45340	<b>Sigmoidoscopy</b> -with ablation of tumor(s) with dilation by balloon, 1 or more strictures reimbursement allowed only if colonoscopy is incomplete. <i>Procedure by Physician</i>	\$443.79
<b>45340</b>	<b>Sigmoidoscopy</b> -with ablation of tumor(s) with dilation by balloon, 1 or more strictures reimbursement allowed only if colonoscopy is incomplete. . <i>Facility Setting – Hospital (13) \$569.15; Critical Access (85) \$1363.02; Ambulatory Surgical Center (83) \$500.91.</i>	
74261	<b>CT Colonography</b> -Diagnostic including image post processing without contrast material reimbursement allowed only if colonoscopy is incomplete. <i>Procedure by Physician</i>	\$234.49
<b>74261</b>	<b>CT Colonography</b> -Diagnostic including image post processing without contrast material reimbursement allowed only if colonoscopy is incomplete. . <i>Facility Setting – Hospital (13) \$63.52; Critical Access (85) \$152.13; Ambulatory Surgical Center (83) \$55.91.</i>	
74262	<b>CT Colonography</b> -Diagnostic with contrast material reimbursement allowed only if colonoscopy is incomplete. <i>Procedure by Physician</i>	\$318.47
<b>74262</b>	<b>CT Colonography</b> -Diagnostic with contrast material reimbursement allowed only if colonoscopy is incomplete. .	

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	<b><i>Facility Setting – Hospital (13) \$103.27; Critical Access (85) \$247.33; Ambulatory Surgical Center (83) \$90.89.</i></b>	
74270	<b>Radiology</b> -Contrast Barium Enema, with or without KUB reimbursement allowed only if colonoscopy is incomplete. <i>Procedure by Physician</i>	<b>\$93.92</b>
<b>74270</b>	<b>Radiology</b> -Contrast Barium Enema, with or without KUB reimbursement allowed only if colonoscopy is incomplete. . <b><i>Facility Setting – Hospital (13) \$103.27; Critical Access (85) \$247.33; Ambulatory Surgical Center (83) \$90.89.</i></b>	
74280	<b>Radiology</b> -Air contrast with specific high density barium, with or without glucagon reimbursement allowed only if colonoscopy is incomplete. <i>Procedure by Physician</i>	<b>\$128.55</b>
<b>74280</b>	<b>Radiology</b> -Air contrast with specific high density barium, with or without glucagon reimbursement allowed only if colonoscopy is incomplete. <b><i>Facility Setting – Hospital (13) \$103.27; Critical Access (85) \$247.33; Ambulatory Surgical Center (83) \$90.89.</i></b>	

\* For circumstances where multiple biopsy/removal techniques are used during one colonoscopy, the program will pay 100% of the allowable Medicaid reimbursement amount for the service of the highest cost, 50% of the allowable Medicaid reimbursement amount for the second service and 25% of the allowable Medicaid reimbursement amount for the third and sequential techniques.

\*\* Reimbursement percentages will reflect upon provider Taxonomy.

The Wyoming Colorectal Cancer Screening Program CPT code set is updated at least annually and is available on the website <https://health.wyo.gov/publichealth/prevention/cancer/provider-information/provider/>